

North Dakota Medicaid Trading Partner Agreement Companion Guide 837 Dental Health Care Claim -- ANSI X12 4010A1

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 837 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 837 Dental Health Care Claim 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

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| Loop ID | Loop ID Description | Segment ID | Segment Description | ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
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| | | ISA | Interchange Control Header | ISA05 | Interchange ID Qualifier | 2 | Enter the value "ZZ", mutually defined. |
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| | | ISA | Interchange Control Header | ISA06 | Interchange Sender ID | | Enter the nine-digit numeric vendor number assigned by North Dakota Deparment of Human Services. |
| | <u> </u> | ISA | Interchange Control Header | ISA07 | Interchange ID Qualifier | 2 | Enter the value "ZZ", mutually defined. |
| | <u> </u> | 10/ | interchange Control Header | 10/10/ | interchange ib Qualifier | | Lines the value 22 , mutually defined. |
| | | ISA | Interchange Control Header | ISA08 | Interchange Receiver ID | 15 | Enter "NDDHSMED" |
| | | İ | | | | | |
| | | ISA | Interchange Control Header | ISA16 | Component Element Separator | | North Dakota Medicaid prefers ':' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator |
| | | GS | Functional Group Header | GS02 | Application sender's code | ł | Enter the same value as ISA06, the nine-digit numeric vendor number assigned by the North Dakota Department of Human Services. |
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| | i ! | GS | Functional Group Header | GS03 | Application receiver's code | 15 | Enter "NDDHSMED" |
| | | <u> </u> | | <u> </u> | | | |
| | | GS | Functional Group Header | | Version / release / industry identifier code | | Enter the value "004010X097A1", the HIPAA mandated implementation guide release for this transaction. |
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| | Header | ST | Transaction Set Header | ST01 | Transaction Set Identifier Code | 3 | 837 |
| | ! ! ! | | | | | | |
| | Header | REF | Transmission Type Identification | REF02 | Reference Identification | 30 | 004010X097A1 |
| | | | | | | | |
| 1000A | Submitter Name | NM1 | Submitter Name | NM109 | Identification Code | 80 | Medicaid HMO Provider Number (for HMO use only) |

| | Data Element | | | | | | |
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| Loop ID | Loop ID Description | Segment ID | Segment Description | ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
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| 2010AA | Billing Provider Name | NM1 | Billing Provider Name | 1 | Name Last or Organization Name | 35 | Medicaid Provider Name |
| 2010AA | Billing Provider Name | | Billing Provider Secondary Identification Number | REF02 | Reference Identification | 30 | Medicaid Provider Number |
| 2010AB | Pay-to Provider Name | NM1 | Pay-to Provider's Name | NM103 | Name Last or Organization Name | 35 | Medicaid Provider Name |
| 2010AB | 1 ay-to 1 Tovider Hame | INIVII | r ay-to r tovider s maine | NIVITOS | ivaille | 33 | Medicald i Tovider Marile |
| 2010AB | Pay-to Provider Name | | Pay-to Provider Secondary Identification Number | REF02 | Reference Identification | 30 | Medicaid Provider Number |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | | Name Last or Organization Name | 35 | Medicaid Recipient Last Name |
| | | İ | | | | i | |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM104 | Name First | 25 | Medicaid Recipient First Name |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM105 | Name Middle | 25 | Medicaid Recipient Middle Initial |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM109 | Identification Code | 80 | Medicaid Recipient Number |
| 2300 | Claim Information | AMT | Patient Amount Paid | AMT02 | Monetary Amount | 18 | Other Payer / Patient Paid Amount |
| 2300 | Claim Information | CLM | Claim Information | CLM01 | Claim Submitter's Identifier | 38 | Patient Account Number |
| 2300 | Claim Information | CLM | Claim Information | CLM02 | Monetary Amount | 18 | Total Claim Charge Amount |
| 2300 | Claim Information | CLM | Claim Information | CLM05-1 | Facility Code Value | 2 | Place of Service |
| 2300 | Claim Information | CLM | Claim Information | CLM06 | Yes/No Condition or Response Code | 1 | Provider Signature on File |
| 2300 | Claim Information | CLM | Claim Information | CLM11-1 to 3 | Related-Causes Code | 3 | EM = Employment Related Accident |
| 2300 | Claim Information | CLM | Claim Information | CLM11-1 to 3 | Related-Causes Code | 3 | AA = Auto Accident |
| 2300 | Claim Information | CLM | Claim Information | CLM11-1 to 3 | Related-Causes Code | 3 | OA = Other Accident |
| 2300 | Claim Information | CLM | Claim Information | CLM19 | Claim Submission Reason Code | 2 | Enter 'PB' if submission is for Predetermination |
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| Loop ID | Loop ID Description | Segment ID | Segment Description | ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
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| 2300 | Claim Information | DTP | Date - Service | DTP03 | Date Time Period | | 472 in DTP01 = Service Date (FROM Date of Service; TO Date of Service) |
| | | | | | | ! | |
| 2300 | Claim Information | | Prior Authorization or Referral Number | REF02 | Reference Identification | 30 | 'G1' in REF01 = Medicaid Prior Authorization Number |
| <u> </u> | | | | | | <u> </u> | |
| 2300 | Claim Information | | Original Reference Number (ICN/DCN) | REF02 | Reference Identification | | 'F8' in REF01 = Original Medicaid Internal Control Number Use this number to adjust a previously processed claim by ND Medicaid |
| | | | | | | <u> </u> | |
| 2310A | Referring Provider Name | | Referring Provider Secondary Identification | REF02 | Reference Identification | 30 | 1D' in REF01 = 1DMedicaid Provider Number of Referring Provider |
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| 2320 | Other Subscriber Information | | Coordination of Benefits (COB) Payer Paid Amount | AMT02 | Monetary Amount | 18 | 'D' in AMT01 = Payor/Patient Amount Paid |
| | i ! | | | | i ! | <u> </u> | |
| 2400 | Line Counter | DTP | Date - Service | DTP03 | Date Time Period | 35 | '472' in DTP01 = Service Date (FROM Date of Service) |
| 2400 | Line Counter | NTE | Line Note | NITEO2 | Description | 80 | Line Note Text |
| 2400 | Line Counter | INIL | LITE NOTE | NTE02 | Description | 60 | Line Note Text |
| | <u>; </u> | i I | | | <u>; </u> | : | |
| 2400 | Line Counter | SV3 | Dental Service | SV301-2 | Product/Service ID | 48 | 'AD' in SV301-1 = American Dental Association Codes |
| | | 0) (0 | D | | | | - 1 10 10 1 |
| 2400 | Line Counter | SV3 | Dental Service | SV301-3 | Procedure Modifier | 2 | Procedure Modifier 1 |
| 2400 | Line Counter | SV3 | Dental Service | SV301-4 | Procedure Modifier | 2 | Procedure Modifier 2 |
| 2400 | Line Counter | 373 | Dental Gervice | 3 7 30 1-4 | i rocedure iviodinei | | i Tocedure Modifier 2 |
| 2400 | Line Counter | SV3 | Dental Service | SV301-5 | Procedure Modifier | 2 | Procedure Modifier 3 |
| | <u> </u> | | | | | | |
| 2400 | Line Counter | SV3 | Dental Service | SV301-6 | Procedure Modifier | 2 | Procedure Modifier 4 |
| | | | | | | į | |
| 2400 | Line Counter | SV3 | Dental Service | SV302 | Monetary Amount | 18 | Detail Line Item Charge Amount |
| 2400 | Line Counter | TOO | Tooth Information | TOO02 | Industry Code | 20 | Tooth Number |
| 2400 | Line Counter | 100 | 100th information | 10002 | industry Code | 30 | 100th Number |
| 2400 | Line Counter | TOO | Tooth Information | TOO03-1 | Tooth Surface Code | 2 | Tooth Surface |
| 0400 | Lina Countar | TOO | Tooth Information | T0000 0 | Tooth Surface Code | | Tooth Surface |
| 2400 | Line Counter | T00 | Tooth Information | TOO03-2 | TOOIN SURFACE CODE | 2 | Tooth Surface |
| 2400 | Line Counter | TOO | Tooth Information | TOO03-3 | Tooth Surface Code | 2 | Tooth Surface |
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| 2400 | Line Counter | T00 | Tooth Information | TOO03-4 | Tooth Surface Code | 2 | Tooth Surface |

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| 2400 | Line Counter | T00 | Tooth Information | TOO03-5 | Tooth Surface Code | 2 | Tooth Surface |
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| 0.400.4 | Dandaria e Descridas Nassa | | Rendering Provider Secondary | DEE00 | Deference Identification | | '1D' in REF01 = Rendering (Performing) Provider |
| 2420A | Rendering Provider Name | NM1 | Identification | REF02 | Reference Identification | 30 | Medicaid Provider Number |
| | | | | | | <u>i</u> } | DD DEOID HADII ITV Ole a Albatana (Ocasa Ocala |
| | | | | | | ĺ | DR-RECIP-LIABILITY: Claim Adjustment Group Code = PR', add Adjustment Amount (1-6) DR- |
| | | | | | | į | CUTBACK_AMOUNT: Claim Adjustment Group Code |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS03 | Monetary Amount | 18 | NE 'PR', add Adjustment Amount (1-6) |
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| | | : : | | | | į | DR-RECIP-LIABILITY: Claim Adjustment Group Code = |
| | | | | | | į | PR', add Adjustment Amount (1-6) DR- CUTBACK_AMOUNT: Claim Adjustment Group Code |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS06 | Monetary Amount | 18 | NE 'PR', add Adjustment Amount (1-6) |
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| | | | | | | İ | DR-RECIP-LIABILITY: Claim Adjustment Group Code = |
| | | | | | | ļ | 'PR', add Adjustment Amount (1-6) DR- |
| | | | | | | | CUTBACK_AMOUNT: Claim Adjustment Group Code |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS09 | Monetary Amount | 18 | NE 'PR', add Adjustment Amount (1-6) |
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| | | | | | | Î | DR-RECIP-LIABILITY: Claim Adjustment Group Code = PR', add Adjustment Amount (1-6) DR- |
| | | | | | | ļ | CUTBACK_AMOUNT: Claim Adjustment Group Code |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS12 | Monetary Amount | 18 | NE 'PR', add Adjustment Amount (1-6) |
| | | | | | | ! ! | |
| | | | | | | ļ | DR-RECIP-LIABILITY: Claim Adjustment Group Code = |
| | | | | | | į | 'PR', add Adjustment Amount (1-6) DR- |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS15 | Monetary Amount | 10 | CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6) |
| 2430 | Line rajuateatori information | 5,70 | Ento Aujuotinon | 0/1010 | monotary runount | 10 | DR-RECIP-LIABILITY: Claim Adjustment Group Code = |
| | | | | | | į | PR', add Adjustment Amount (1-6) DR- |
| | | | | | | ļ | CUTBACK_AMOUNT: Claim Adjustment Group Code |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS18 | Monetary Amount | 18 | NE 'PR', add Adjustment Amount (1-6) |
| 2420 | Line Adjudication Information | SVD | Service Line Adjudication | 6)/D02 | Monetary Amount | 10 | Line Item Other Payer / Patient Paid Amount |
| 2430 | Line Adjudication information | SVD | Service Line Aujudication | SVD02 | Information Amount | 18 | Line item Other Fayer / Fatterit Fatt Amount |

837 Dental Health Care Claim -- ANSI X12 4010A1 Page 4 of 4